

Medicare Ground Ambulance Data Collection System
Frequently Asked Questions (FAQ)
Updated January 6, 2022

Beginning on January 1, 2022, the Centers for Medicare & Medicare Services (CMS) requires selected ground ambulance organizations to collect and report cost, revenue, utilization, and other information through the Medicare Ground Ambulance Data Collection System (GADCS). This FAQ is provided to assist ground ambulance organizations in collecting and reporting the required data. It will be updated as necessary based on feedback and questions we receive from ambulance organizations. Questions and answers added or updated after the initial November 1, 2019 version to the FAQ are noted at the end of each question.

Additional questions may be submitted to the CMS’s ambulance data collection mailbox (AmbulanceDataCollection@cms.hhs.gov). For a list of supplemental documents, webinars, and other resources, please see CMS’ Ambulances Services Center website at <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>.

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Important Timeline Updates *[Updated 1/6/2022]*

CMS has delayed the data collection and reporting requirements for ground ambulance organizations that were selected to participate in Year 1 and Year 2 of the GADCS. Organizations already selected in Years 1 and 2 will now collect information starting in 2022 and report information starting in 2023. The COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers document is available [here](#). The COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing document has been updated to reflect the delay and is available [here](#).

In the CY 2022 Physician Fee Schedule Final Rule ([link](#)), CMS changed the data collection periods and data reporting periods for ground ambulance organizations that have yet to be selected in Year 3. Selected organizations in Year 3 will now collect and report information at the same time as selected organization that have yet to be selected in Year 4, with data collection starting in 2023 and data reporting in 2024.

The FAQ has been updated throughout to reflect these changes. *[Updated 1/6/2022]*

Top 5 Questions *[Added 1/6/2022]*

Question 1. Has my organization been selected to participate?

Answer: The lists of selected Year 1 and 2 organizations are at the Ambulances Services Center [website](#). CMS planned to send notification letters to selected organizations beginning in November 2021. This work is ongoing and the electronic notifications via email or the notifications via regular mail are in process. Organizations should monitor their email and regular mail for communication from their Medicare Administrative Contractor (MAC) regarding being selected to report under the GADCS.

Question 2: What if my organization isn't on the Year 1 or Year 2 lists?

Answer: It is very likely that your organization will be selected in a future year. CMS will announce when it selects Year 3 and Year 4 organizations.

Question 3: Is participation required?

Answer: Yes. Organizations that do not sufficiently report data will receive a 10% payment reduction for ambulance services provided during the next calendar year.

Question 4: When will we need to collect and report data?

Answer: Selected organizations must *collect* data over a continuous 12-month period and *report* data within 5 months after the data collection period ends.

Question 5: How do we report data?

Answer: CMS is developing a web-based portal that will launch in late 2022. We have completed initial user testing and expect to conduct user acceptance testing in Spring 2022. Since data collection starts in 2022 for selected organizations, no organization will report data until 2023. CMS will share more information about the web-based portal when available. In the meantime, you can review a printable copy of the GADCS questions at the Ambulances Services Center [website](#).

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General Questions

Question: Why is CMS collecting cost, revenue, and other information from Medicare ground ambulance providers and suppliers? [Updated 1/6/2022]

Answer: Section 50203(b) of the Bipartisan Budget Act (BBA) of 2018 (Public Law 115-123) added paragraph (17) to section 1834 (l) of the Social Security Act. This section requires the Secretary of the U.S. Department of Health and Human Services to collect cost, revenue, utilization, and other information determined appropriate by the Secretary from providers and suppliers of ground ambulance services. CMS has developed the GADCS to meet this requirement.

Question: What is a Medicare ground ambulance organization? [Updated 1/6/2022]

Answer: CMS uses the term “ground ambulance organizations” in this document and in the GADCS to refer to organizations enrolled in Medicare as providers or suppliers of services that bill Medicare for ground ambulance services. Ground ambulance services include ambulance services rendered using land and/or water ambulances, but not air ambulances.

Question: How will the collected information be used? [Updated 1/6/2022]

Answer: The collected information will be provided to the Medicare Payment Advisory Commission (MedPAC), which is required to submit a report to Congress on the adequacy of Medicare payment rates for ground ambulance services and geographic variations in the cost of furnishing such services. MedPAC is an independent federal body established by the Balanced Budget Act of 1997 (P.L. 105-33) to advise the U.S. Congress on issues affecting the Medicare program.

Question: Why is it important for ground ambulance organizations to collect and report complete and accurate information? [Updated 1/6/2022]

Answer: The information will help CMS understand the costs that your organization and other ground ambulance organizations face to provide ground ambulance services. The data will be analyzed by the Medicare Payment Advisory Commission (MedPAC) to assess the adequacy of Medicare payment rates for ground ambulance services.

Question: Will the information that my organization reports be made public?

Answer: Your organization’s specific responses will not be made public. CMS will periodically release summary statistics, respondent characteristics, and other relevant results from the collected information in the aggregate so that individual ground ambulance organizations are not identifiable.

Question: How can my organization prepare to collect and report information? [Updated 1/6/2022]

Answer: Ground ambulance organizations can review a printable version of the data collection instrument (i.e., the specific questions that you will be asked to respond to as part of the GADCS), review supplemental documentation, and participate in CMS webinars to ensure that they are collecting the required information. For a list of resources, please see CMS’s Ambulances Services Center website at <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>.

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Sampling and Notification

Question: How does CMS determine which ground ambulance organizations must report information? [Updated 1/6/2022]

Answer: CMS is required to identify annual, representative samples of ground ambulance organizations to collect and report information. Organizations are selected using their National Provider Identifiers (NPIs). A ground ambulance organization may not be selected in two consecutive years, to the extent practicable. We expect that each NPI will be selected and need to report information only once through 2024.

Question: What is my organization's National Provider Identifier (NPI)?

Answer: Your organization's NPI is listed on your claims that are submitted when billing Medicare for ground ambulance services. You can look up your NPI number and other information associated with your NPI (e.g., addresses) using the CMS National Plan and Provider Enumeration System (NPPES) at <https://npiregistry.cms.hhs.gov/>. You can update or correct the information associated with your NPI via NPPES at <https://nppes.cms.hhs.gov/#/>.

Question: Which NPIs need to participate in GADCS? [Added 1/6/2022]

Answer: Year 1 and Year 2 organizations have already been selected. Lists of selected Year 1 and Year 2 organizations are available on the CMS website here. Together, selected Year 1 and Year 2 organizations account for about half of Medicare ground ambulance organizations. CMS has not yet selected Year 3 and Year 4 organizations. If your organization was not selected in Year 1 or Year 2, it is very likely that you will be selected in either Year 3 or Year 4.

Question: How will CMS notify the ground ambulance organizations that have been sampled each year? [Updated 1/6/2022]

Answer: Sampled Year 1 and Year 2 organizations will receive notification letters by mail or email from the Medicare Administrative Contractor (MAC) assigned to your service area. CMS planned to send notification letters to selected organizations beginning in November 2021. This work is ongoing and the electronic notifications via email or the notifications via regular mail are in process. Organizations should monitor their email and regular mail for communication from their MAC regarding being selected to report under the GADCS. Sampled organizations in Year 1 and Year 2 are already listed on the CMS website at <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>.

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Question: Which contact information will CMS use to notify organizations sampled each year?

Answer: The Medicare Administrative Contractor (MAC) assigned to your service area will send notifications to authorized officials and mailing addresses from Medicare provider and supplier enrollment forms linked to the sampled National Provider Identifier (NPI). You can view and update your current enrollment record in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) at <https://pecos.cms.hhs.gov/pecos/login.do>. Please contact your MAC if your organization’s NPI is listed on the CMS website as selected to report information to CMS and you do not receive a letter by an email or mail from your MAC with additional instructions.

Timeline and Level of Effort

Question: When will sampled organizations collect and report information? [Updated 1/6/2022]

Answer: Sampled organizations will **collect** the required information during a continuous 12-month data collection period. Organizations may choose a data collection period aligning with the calendar year or the organization’s fiscal year. Sampled organizations must notify CMS as to which continuous 12-month data collection period they will use. Instructions will be provided in the notification letters sent from MACs.

Sampled organizations will **report** information within a 5-month reporting period that starts at the end of the organization’s data collection period.

The table below provides an example of a data collection period and a data reporting period for selected organizations in Year 1 and Year 2 choosing a 12-month data collection period aligning with the 2022 calendar year accounting period.

Data Collection Period	Data Reporting Period
01/01/2022 – 12/31/2022	01/01/2023 – 05/31/2023

Selected organizations in Year 1 and Year 2 choosing a 12-month data collection period aligning with their annual fiscal year accounting period will have different data collection periods and data reporting periods. The table below lists several examples.

Data Collection Period	Data Reporting Period
06/01/2022 – 05/31/2023	06/01/2023 – 10/31/2023
07/01/2022 – 06/30/2023	07/01/2023 – 11/30/2023
08/01/2022 – 07/31/2023	08/01/2023 – 12/31/2023
10/01/2022 – 09/30/2023	10/01/2023 – 02/28/2024

The data collection periods and data reporting periods for selected organizations in Year 3 and Year 4 will start one year after the examples listed above for selected organizations in Year 1 and Year 2.

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Question: Will the modification listed in the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers document updated by CMS on November 25, 2020 allow ground ambulance organizations selected in Years 1 and 2 the option to continue with their data collection periods starting in 2020 or 2021, respectively? Or must ground ambulance organizations selected in Years 1 and 2 choose a new data collection period starting in 2022? [Updated 7/19/2021]

Answer: Ground ambulance organizations that were selected in Years 1 or 2 do not have an option to use data collection periods starting in 2020 or 2021. These organizations must select a new data collection period starting in 2022. CMS cannot permit this option because the data collected in 2020 and 2021 during the public health emergency may not be reflective of typical costs and revenue associated with providing ground ambulance services. CMS modified this data collection and reporting period to increase flexibilities for ground ambulance organizations that would otherwise be required to collect data in 2020-2021 so that they can focus on their operations and patient care during the COVID-19 public health emergency (PHE).

Question: How are data collection and reporting dates adjusted for organizations selected in Years 1 and 2 given the modification listed in the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers? [Updated 7/19/2021]

Answer: CMS updated a COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers delaying data collection and reporting requirements for ground ambulance organizations selected in Years 1 and 2. The organizations selected in Year 1 and Year 2 will now collect data during a continuous 12-month period starting in 2022 (rather than 2020 and 2021, respectively) and will now report information during a 5-month period starting in 2023 (rather than 2021 and 2022, respectively). As an example, a Year 1 organization that previously would have collected information from January 1, 2020 to December 31, 2020 and reported information between January 1, 2021 to May 31, 2021 will now collect information from January 1, **2022** to December 31, **2022** and report information between January 1, **2023** and May 31, **2023**. As another example, a Year 2 organization that previously would have collected information from January 1, 2021 to December 31, 2021 and reported information between January 1, 2022 to May 31, 2022 will now collect information from January 1, **2022** to December 31, **2022** and report information between January 1, **2023** and May 31, **2023**.

Question: How long will it take to collect and report data?

Answer: The time spent collecting the required information will vary depending on your organization's accounting and recordkeeping systems. Some organizations will need to adjust how they track information prior to the start of the data collection period in order to collect the required information. CMS estimates it will take 20 hours on average to collect information, including your ongoing collection of information over your organization's 12-month collection period. CMS estimates that it will take 3 hours to enter and report the requested information.

Requirement to Report

Question: My organization also provides fire/rescue (or other public safety) services. Do we need to report information? [Updated 12/4/2019]

Answer: Yes. All organizations that provide ground ambulance services, including those that provide other services such as fire, police, or other public safety services, must report information if selected. The Ground Ambulance Data Collection System provides instructions on how to report costs and revenue for a range of ground ambulance organization types.

Question: My organization does not currently furnish ground ambulance services. Do we need to respond to the notification letter? [Updated 1/6/2022]

Answer: Yes. Every sampled National Provider Identifier (NPI) must respond to the notification sent by their Medicare Administrative Contractor (MAC). You must submit your organization's data collection period start date within 30 days of receipt of the notification.

Question: My organization did not furnish any ground ambulance services during the 12-month collection period. Do we need to report information? [Updated 1/6/2022]

Answer: Every sampled NPI must also sign up for and enter the GADCS during their organization's reporting period. One of the first questions you will be asked upon reporting data is whether the sampled NPI provided ground ambulance services during the data collection period. Answering "no" to this question will complete your reporting.

Question: My organization was sampled but ceased all operations before or during the data collection and reporting periods. Is reporting required?

Answer: Reporting is required if the organization provided any ground ambulance services during the collection period.

Question: What happens if my organization doesn't report the required information?

Answer: If your organization does not report the required information by the end of the 5-month reporting period, it will be subject to a 10% reduction in Medicare payments under the Medicare Part B Ambulance Fee Schedule (AFS) for the following calendar year.

Question: Can my organization request a hardship exemption from the payment reduction? [Updated 7/31/2020]

Answer: Yes. Organizations that did not report sufficient data due to a significant hardship, such as a natural disaster, bankruptcy, or other similar situations may request a hardship exemption. To request a hardship exemption after the ground ambulance organization receives notification that it will be subject to the 10 percent payment reduction as a result of not sufficiently submitting information under the data collection system, organizations should complete a request form that will be available at the end of the data reporting period on CMS's Ambulances Services Center website at <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>. Organizations can request a hardship exemption within 90 calendar days of the date that CMS notified the organization that it would receive a 10 percent payment reduction as a result of not submitting sufficient information under the data collection system. Your organization will be asked to supply information such as reason

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for requesting a hardship exemption, evidence of the hardship (e.g., photographs, newspaper, other media articles, financial data, bankruptcy filing, etc.), and date when your organization would be able to begin reporting information. All hardship exemption requests will be evaluated based on the information submitted that clearly shows that they are unable to submit the required data.

Reporting Process

Question: Who within my organization should collect and report information? [Updated 1/6/2022]

Answer: Each organization must have at least one data entry user and a certifier to complete the GADCS reporting requirement. Individuals in the data entry role will enter the requested information. The certifier must review the entered information and certify that it is accurate. We recommend that the person or persons in your organization with the most knowledge of your organization's costs and revenues report information. You may find that this person needs to reach out to additional individuals to gather cost information not currently tracked by your ground ambulance organization (e.g., if your municipality pays your ambulance facility rent or provides benefits).

Question: Where and how does my organization report information? [Updated 1/6/2022]

Answer: No information will be reported to CMS until 2023. As we stated in the CY 2020 Physician Fee Schedule Final Rule (84 FR 62867), a secure web-based data collection system will be available before the start of your data reporting period to allow time for users to register, receive their secure login information, and receive training from CMS on how to use the system. CMS will provide separate instructions on how to access the online GADCS. You can view a printable version of the ground ambulance data collection instrument at: <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center> for the data collection requirements.

Question: My organization was selected in Year 1 to collect and report cost and other required data. When will we be able to register for the data collection system? [Updated 1/6/2022]

Answer: Registration for the system will begin in late 2022. No organization will report data prior to 2023. Please check the Ambulances Services Center website at <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html> for updates.

Question: What is the data collection instrument? [Updated 1/6/2022]

Answer: Medicare's GADCS includes a data collection instrument, which is a series of questions that you will respond to in order to report information. You'll use a web-based data collection system to actually report information. The web-based system, which is currently under development, will present you with instructions and questions that match those in the printable version of the instrument available at <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>.

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Question: Who can my organization contact if we are experiencing technical issues or have a question related to GADCS? [Updated 1/6/2022]

Answer: Multiple resources to help with all aspects of data collection are available at <https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>. For other questions, please email AmbulanceDataCollection@cms.hhs.gov.

General Data Collection Scope and Principles

Question: What information will be collected?

Answer: The data collection instrument includes questions on your organization's characteristics, service area, emergency response time (if applicable), mix of ground ambulance services (e.g., basic life support versus advanced life support and emergency versus non-emergency transports), costs (including those related to labor, facilities, vehicle, equipment, consumables, supplies, and other), and revenues (e.g., payments from health insurers).

Question: What should my organization do when precise estimates are not available? Should we leave the answer blank or should we estimate?

Answer: Information reported should be as complete and accurate as possible. For certain questions, the data collection instrument instructions indicate that your organization may report an estimate or the best response that is relevant to your organization. You will be asked at the end of reporting information in the Ground Ambulance Data Collection System to certify the accuracy of your responses. If the reported information is not complete or reported within the reporting period, a 10% reduction in payment will be applied on Medicare AFS payments for the following calendar year.

Question: Should my organization report certain costs or revenues more than once on the data collection instrument?

Answer: No. Staff time, costs, and revenues should be reported only once and should not be double counted. Please see the detailed instructions in each section.

Question: Can my organization collect information using our current accounting practices? [Added 7/31/2020]

Answer: In general, you will be able to report information collected under your organization's current accounting practices. CMS understands that some ground ambulance organizations use accrual-basis accounting while others use cash-basis accounting. Please follow the instructions in each instrument section.

Question: My ground ambulance organization is owned and/or operated by our local municipality. The municipality pays directly for some costs associated with our ground ambulance operations (e.g., facilities costs, utilities, fuel, benefits, etc.). Do we need to report on these costs? [Updated 1/6/2022]

Answer: Yes. You must work with your municipality to report the costs that are relevant to your ground ambulance service. Otherwise, the costs that you report will be incomplete and not reflect your organization's total costs. This would also apply if your ground ambulance organization is part of a broader organization that pays directly for some of your

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organization's costs (e.g., a hospital Medicare provider that also owns and provides ground ambulance services). The specific information that you will need to collect and report might include information on labor costs (Section 7); facilities costs (Section 8); Vehicle costs (Section 9); equipment, consumable, and supply costs (Section 10), and other costs (Section 11). If you are a fire, police, or other public safety-based ground ambulance organization, please report labor hours associated with both ground ambulance **and** other public safety roles per the data collection instrument instructions.

Question: How should we account for goods or services provided by another organization (e.g., hospital, local government)? [Added 7/31/2020]

Answer: Whether and how to account for costs realized by an entity other than your ground ambulance organization depends on the nature of the relationship with the other entity. CMS has heard that it is relatively common for some costs – for example dispatch, vehicle maintenance, or administrative costs – to be borne by an organization's local municipality or a part of a local municipal government (such as a police department):

- *If your ground ambulance organization is part of or associated with a local municipality, you need to report these costs. For example, if dispatch services are provided by your municipality's police department and your ground ambulance organization is part of or associated with the same municipality, then you must collect and report a share of dispatch costs associated with ground ambulance operations. See the related question "My ground ambulance organization is owned and/or operated by our local municipality. The municipality pays directly for some costs associated with our ground ambulance operations (e.g., facilities costs, utilities, ambulance fuel, benefits, etc.). Do we need to report on these costs?"*
- *If your ground ambulance organization is NOT part of (i.e., owned or operated by) a local municipality, you do NOT need to report costs associated with services provided by your local municipality other than costs (if any) paid directly by your organizations for the service. If your municipality provides dispatch services for your community and your organization does not pay for this service, then no costs related to dispatch are reported. See the related question "My organization received donations during the data collection period (e.g., an ambulance donated by the community, medicines or medical consumables provided by hospitals, or cash donations). How should these donations be reported?" If your organization makes a payment in exchange for a service, report the payment as a cost under the appropriate section of the data collection instrument.*

The same principles apply to similar cases, for example when the other entity is a hospital, non-profit organization, or other type of entity.

Question: My organization received donations during the data collection period (e.g., an ambulance donated by the community, medicines or medical consumables provided by hospitals, or cash donations). How should these donations be reported?

Answer: Cash donations are reported in the revenue section of the data collection instrument. You will be able to report whether vehicles, facilities, and supplies are donated to your organization. You do not need to provide a fair market value for these donations. Note that for the purposes of reporting, donations are defined as coming from organizations with which you do not have business relationships. Facilities, utilities, benefits, etc. provided by your

municipality are not considered donations if your organization is run by the same municipality (see question above).

Question: My organization responds to emergency calls for service in conjunction with another organization. How should this information be reported? [Added 12/4/2019]

Answer: The data collection instrument provides you with the ability to report these calls in various sections based on your circumstances. Section 5, Question 3 asks whether your organization responds to calls with another non-transporting agency (e.g., a local fire department) that is not part of your organization. Section 11, Questions 4 and 5 allows you to report amounts paid to other organizations if your organization compensates another organization for providing labor or other inputs used in joint responses to calls for service. Section 13, Question 5 allows you to report cases where your organization receives revenue from another organization from joint responses to calls for service.

Question: My organization is part of a larger parent organization (such as a broader company) that bills for ground ambulance services under multiple National Provider Identifiers. Should my organization's costs and revenues associated with the larger parent organization be reported?

Answer: Yes. One of the initial data collection instrument questions will ask whether this scenario applies to your ground ambulance organization. If so, the data collection instrument will ask you to report an allocated share of your parent organization's (also known as "central office") costs in different data collection instrument sections.

Question: My organization also provides fire, police, and/or other public safety services. How should ground ambulance costs and revenue be reported? [Updated 1/6/2022]

Answer: The purpose of this data collection effort is to understand the costs and revenues associated with ground ambulance operations. CMS understands that many ground ambulance organizations provide other services, for example emergency services related to fire and broader public safety activities. The instructions in each section of the instrument will indicate how you should report staffing, labor costs, other costs, and revenues if your organization provides ground ambulance and other services. For some sections of the instrument, such as Section 8 (Facilities Costs) and Section 9 (Vehicle Costs), the data collection instrument allows you to report cost in terms of either: 1) total costs for those services for your entire organization, with the percentage of these costs attributable to ground ambulance; or 2) ground ambulance-specific costs for your organization, with 100% of the cost attributable to ground ambulance services. This table shows the difference between these two methods for a hypothetical \$20,000 expense that you determine is 50 percent related to ground ambulance operations and 50 percent related to other activities:

	Expense	% Attributable Ground Ambulance Services
Method 1	\$20,000	50%
Method 2	\$10,000	100%

If applicable, you can use your organization's existing approaches to determine the share of an expense or revenue amount attributable to ground ambulance services. If you do not currently calculate these percentages, you can develop your own based on data reported

elsewhere in the instrument, for example the share of responses that were for medical calls for service, the share of garage space for ground ambulance operations, etc.

Section 7 (Labor Costs) requires you to report the total hours worked and compensation for all staff at your organization who have responsibilities that are partially related to ground ambulance. For example, for firefighter/EMT hours worked, organizations need to report total hours worked related to ground ambulance; fire, police, and other public safety activities; all other activities; and overall. For firefighter/EMT compensation, the instructions ask for one total amount covering all activities at your organization, not just ground ambulance operations. The instructions in Section 7 provide more detail on what contributes to reported total hours worked and compensation. Importantly, staff without any ground ambulance responsibilities (e.g., firefighters who are not EMTs and do not have other ground ambulance responsibilities) do not contribute to Section 7 in any way.

Question: My organization provides medical services other than ground ambulance responses and transports, for example vaccination clinics, infusion services during the COVID-19 pandemic, and blood pressure screening. Separately, my organization sometimes treats patients at the scene even when they are not subsequently transported. Are the expenses and revenues from these activities included in GADCS? Should be they considered part of our ground ambulance operation? [Added 1/6/2022]

Answer: When reporting on service volume and mix in Sections 5 and 6, you will be asked to separately report ground ambulance **responses** (where a ground ambulance responds to a call but may or may not transport the patient) and ground ambulance **transports**. Your reported expenses and revenues in later sections can include a broader set of services, including “treat no transport” (TNT), transportation to alternate destinations, and expenses for ground ambulance responses where no patient is located. Furthermore, expenses and revenue from certain mass immunization services (roster billing for flu and pneumococcal vaccines only) can be considered in-scope. Expenses and revenue related to other services, including paratransport, health screenings, etc., cannot be considered part of your ground ambulance operation. If your expenses or revenues span both ground ambulance and other services, you must report a percent attributable to in-scope ground ambulance services.

Organizational Characteristics (Instrument Section 2)

Question: Should we answer “yes” to Section 2, Question 2 (“Is this NPI part of a larger ‘parent organization’...”) if our organization bills under a second NPI for services provided under contract in neighboring municipalities? [Added 1/6/2022]

Answer: You should not consider yourself to be a multiple NPI organization in this scenario. Please note that it will be important for organizations like yours to report costs and revenue related to the selected NPI only, not with other NPIs that you may bill under. When the other NPIs (i.e., those that pay you to provide services under contract) are selected, they will report the amount they pay your organization as an expense.

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Question: How should we indicate if we use “peak trucks” (i.e., use additional ambulances on specific days or at specific times)? [Added 1/6/2022]

Answer: In Section 2, Question 14, you should indicate that your organization using a “Dynamic deployment” model. The expenses associated with these ambulances should be included in your responses to Section 9, Vehicle Costs.

Service Area (Instrument Section 3)

Question: How should our organization define the primary and secondary service area for our particular circumstances? [Updated 1/6/2022]

Answer: For the purposes of this data collection effort, use your best judgement. In general, your primary service area is the area in which you are exclusively or primarily responsible for providing service at one or more levels and where it is highly likely that the majority of your transport pickups occur. A secondary service area is outside your primary service area, but one where you regularly provide services through mutual or auto-aid arrangements or at a different level of service compared to your primary service area. When reporting service areas using ZIP codes, it is possible that you will report the same ZIP code as belonging to both your primary and secondary service area, for example in a case where a town and a township share a ZIP code and your organization is primarily responsible for service within the town but has mutual or auto aid agreements with the surrounding township. Please list all ZIP codes in your service area, even if they cross over into another county or municipality. For the service volume and service mix sections of the instrument, responses, transports, etc. to **both** primary and secondary service areas should be included in the totals reported unless otherwise noted.

Service Mix & Volume (Instrument Sections 5 & 6)

Question: How should my organization count ground ambulance responses and/or transports if more than one vehicle is sent to the scene or if more than one patient is transported? [Added 7/31/2020]

Answer: If more than one vehicle is sent to the scene, count this as one response. Organizations should count the total number of patients transported. A single response may result in multiple transports in cases where multiple ambulances are deployed or when multiple patients are transported by the same ambulance.

Question: How should our organization report on situations where we respond to calls for service in conjunction with staff from another organization? [Added 7/31/2020]

Answer: In Section 5, Question 3, you can report that your organization responds to calls for service in conjunction with vehicles and/or staff from another organization. You must report payments that you make to the other organization (as “other costs” in Section 11) and payments received by your organization (as revenue in Section 13). You will not need to report specific labor or other costs from the other organization. Report the total revenue that your organization receives from payers and other sources, even if you later share the revenue with the other organization.

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Question: If a transport does not generate fee-for-service revenue but was covered by some other payment approach (e.g., per-patient, per-month-based from managed care organizations, other capitated payments from managed care organizations, or ambulance membership/subscription fees), should the transport be considered “paid” for the purposes of answering questions in Section 5? [Added 1/6/2022]

Answer: Yes, these transports should be considered paid transports.

Question: Should emergency interfacility transports be considered “interfacility transports”? [Added 1/6/2022]

Answer: Yes, this transport will still be considered an interfacility transport. You should also report the transport in the relevant “Emergency” category in Section 6, Question 3.

Questions on Labor Costs and Staffing (Instrument Section 7)

Question: My organization uses volunteer staff. How should volunteer labor be reported? [Updated 1/6/2022]

Answer: When completing the data collection instrument, you will be asked to indicate the various categories you have for paid and volunteer staff. You will be directed to a section specifically for reporting staffing and costs associated with volunteer labor if applicable. In this section, you should report on hours worked annually by volunteer staff in different categories, as well as the total costs associated with stipends, honoraria, benefits, and/or other compensation for ground ambulance volunteer labor.

Question: How should staffing and labor costs be reported if some staff have both administrative/facilities and emergency medical technical (EMT)/response responsibilities?

Answer: With respect to categorizing staff, you will report individuals with ANY EMT/response responsibilities in the appropriate EMT/response category and not in any other category. You will categorize EMT/response staff in the category that matched their level at the start of the data collection period. You will not report these staff in the administration/facilities staff categories. For example, an EMT with vehicle maintenance responsibilities would contribute to the appropriate EMT category but not to the vehicle maintenance category. When it comes time for reporting labor costs for staff that have both EMT and administrative/facility responsibilities, report total compensation as well as total labor hours annually for all EMT/response staff per category.

Question: How should hours worked and compensation for staff who have ground ambulance as well as fire, police, and/or other public safety roles in my organization be reported? [Added 12/4/2019]

Answer: There are separate labor categories for staff with and without fire, police, and/or other public safety roles. Assign staff members to “with fire, police, and/or other public safety” categories if they have fire, police, and/or other public safety roles **at your organization.**

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Question: What if some of my organization's staff have non-ground ambulance responsibilities (e.g., air ambulance operations, public health responsibilities, or fire/police activities)?

[Updated 1/6/2022]

Answer: If staff contributes only a fraction of their time to ground ambulance operations, you will have the opportunity to separately report the total hours worked annually related to ground ambulance operations; fire, police, and other public safety operations (if applicable); and all other activities. Do not report hours worked outside of your organization.

Question: How should staffing and labor costs be reported if some staff changed roles during the data collection period? [Updated 12/4/2019]

Answer: Include staff in the labor category that best matched their level at the start of the data collection period. The one exception is when a volunteer staff member transitions to a paid position or vice versa. In this case, always count the staff member and his or her hours and compensation in the relevant paid staff category. In all cases, each staff member should contribute to **only one labor category** for the purposes of reporting even if they change roles during the data collection period.

Question: My state uses different levels of EMT/response staff than the categories included in Section 7 (e.g., EMT-Basic, EMT-Intermediate, and EMT-Paramedic). How should I report labor hours and total compensation by category? [Added 1/6/2022]

Answer: CMS understands that different states may have different license and certification requirements and types. Please use your best judgement to align labor categories in your state with the labor categories listed in Section 7. For example, you could report labor hours and total compensation for EMT-Advanced under the EMT-Intermediate category.

Question: Some staff at my organization are certified and licensed paramedics that work at the paramedic level at another organization and volunteer at my BLS organization. How should I report labor hours and total compensation for these staff? [Added 1/6/2022]

Answer: Please include the staff in their role at your organization. Staff in this scenario should be categorized in a volunteer EMT/response role other than the EMT-paramedic category.

Question: Should hours on call be included in total hours worked? [Updated 1/6/2022]

Answer: When reporting hours worked, do not include hours on call toward hours worked unless staff are paid and present at the station.

Question: How should we report staff training in the data collection instrument? [Added 7/31/2020]

Answer: There are two ways that you can report training. If training is conducted by your organization's staff, you would include hours worked and compensation for training staff in your calculations of total hours worked and total compensation. Employees would report hours spent and compensation (if any) for attending trainings. If the training is not just on ground ambulance topics, the reported total hours and compensation would reflect an estimate the percent of time related to ground ambulance. If you have other training expenses or pay money to an outside organization for training activities, these can be listed in Section 11, Question 3 under the category "Training and continuing education costs (e.g., costs for

materials, travel, training fees, and labor).” Costs related to collecting and reporting data to the Medicare Ground Ambulance Data Collection System should not be reported.

Question: How should we report paid time off (PTO) in the data collection instrument? [Added 7/31/2020]

Answer: Paid time off (PTO) is not included in the hours worked section in the labor portion of the data collection instrument. However, PTO is a benefit that should be included in the total compensation questions of the labor section.

Question: If our Medical Director is contracted, should we report these expenses in Sections 7.1 and 7.2? [Added 1/6/2022]

Answer: You can include individuals that you hire under contract in your responses to Sections 7.1 and 7.2. Separately, you can report broader contracted services, dispatch, billing, and information technology services, in Section 11, Other Costs, Question 1. Some large organizations may contract out a broader medical direction service, rather than hire an individual medical director via a contract. If this applies to your organization, you can report the medical direction service contract amount in Section 11. It is important to only report each expense once in the instrument: if you report medical director expenses in Section 7, do not report the same expenses in Section 11, and vice versa.

Facility Costs (instrument Section 8)

Question: Which facilities must be reported?

Answer: Include all facilities that are related to your ground ambulance operations. These include dispatch/call centers, garages, maintenance facilities, administrative buildings, and staff buildings. Include facilities regardless of whether they are owned by, rented by, or donated to your organization. Do not include facilities that are used by contracted entities, i.e., that your organization does not itself occupy. For example, if your organization does not operate its own call center but rather pays a monthly fee to a call center for the broader area, you do not need to include that call center’s facilities in your costs.

Question: If my organization shares facilities with another organization or if my organization also provides non-ground ambulance services (e.g., fire/rescue services), how do we calculate the percent square footage dedicated to ground ambulance services? [Updated 1/6/2022]

Answer: For shared facilities, report your best estimate as to what percent of square footage of the facility is dedicated to ground ambulance activities. If part or all of your facility is used for both ground ambulance and non-ground ambulance activities (e.g., office space that houses administrative activities for both fire and ambulance), one option is to allocate based on the proportion of responses that are for ground ambulances. For example, if your organization typically responds to 1000 fire and ambulance calls a year and a ground ambulance is deployed in 70% of those calls, you can allocate 70% of the office space to ground ambulance activities. For garage space, fire department-based ground ambulance organizations may choose to allocate based on the share of square footage occupied by ground ambulances.

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Question: My organization does not record buildings as assets or calculate depreciation for buildings. Do we need to report depreciation for buildings? [Updated 1/6/2022]

Answer: No, although CMS expects most organizations will depreciate facilities for accounting purposes. If your organization did not capitalize one or more facilities, you can report the purchase cost provided the acquisition occurred during your organization's data collection period.

Vehicle Costs (Instrument Section 9)

Question: Should my organization include ground ambulances that we used for only part of the data collection period in the vehicles section of the data collection instrument? [Updated 1/6/2022]

Answer: Yes. Report all ground ambulances used at any point during the data collection period.

Question: Our organization uses combination fire truck/ambulances. Are these considered ground ambulances?

Answer: If these vehicles are considered ground ambulances in your jurisdiction, report them as ambulances. If not, include them in the "other vehicles" section.

Question: Our organization also has fire/rescue services. Should we include fire trucks in the "other vehicle costs" section?

Answer: You should report only fire trucks that are included in ground ambulance calls or support ground ambulance operations.

Question: How should we calculate annual depreciation expenses for vehicles and capitalized equipment? [Updated 1/6/2022]

Answer: In general, you will be able to use your organization's standard approach to calculating depreciation expenses. If your organization calculates depreciation expense for multiple purposes (e.g., depreciation for tax incentive purposes vs. Generally Accepted Accounting Principles (GAAP) for standard auditing purposes), please report the depreciation expense captured for standard auditing purposes.

Equipment & Supply Costs (Instrument Section 10)

Question: How should we distinguish between capital and non-capital equipment? What are examples of capital equipment?

Answer: Organizations use different approaches to determine whether equipment is capital or non-capital. You may use your organization's guidelines to determine which medical or non-medical equipment could be reported as capital equipment. Generally, equipment will be considered a capital expense if it can endure repeated use and is high cost (e.g., over \$5,000). Examples include, but are not limited to, ventilators, monitors, or power lifts.

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Question: My organization is a Medicare provider. Do we need to report on annual capital medical and non-medical equipment expenses for the entire provider (e.g., hospital)? [Added 12/4/2019]

Answer: No. You can report an amount that is specific to your ground ambulance operations. In this case, report 100% when asked for the percentage of capital medical equipment expenses attributable to ground ambulance services during the data collection period.

Question: My organization uses a cash basis for accounting and does not depreciate equipment or supplies. Do we need to start calculating annual depreciation? [Updated 1/6/2022]

Answer: No. If your department is a cash basis entity and doesn't calculate depreciation, you do not have to report depreciation. Please report the entire purchase costs for equipment and supplies purchased during the data collection period in the relevant sections.

Other Costs (Instrument Section 11)

Question: My organization contracts with another company to run many aspects of our ground ambulance service, including providing and maintaining ambulance, staffing ambulances, administrative functions, etc. How should we report in this scenario? [Added 1/6/2022]

Answer: You can report your organization's expense related to this broad contractual arrangement in Section 11, Question 1. Please decompose the total expense across the categories in Section 11, Question 1, as much as possible. For example, you can estimate the share of the total amount associated with EMT/response labor versus facility maintenance, etc. It is important that you do **not** also report these expenses in earlier sections of the instrument.

Revenue (Instrument Section 13)

Question: How is revenue defined for the purposes of collecting and reporting data? [Added 7/31/2020]

Answer: Report gross/total revenue received from all sources during the data collection period. You may need to collect information from a billing company or your municipality in order to report this information. Do not report charges, billed amounts, or bad debt. Depending on your organization's accounting practices, CMS understands that the revenue received during the data collection period may not perfectly align with the services provided during the data collection period.

Question: My organization is part of a municipal government. For Question 1, which asks for "total revenue from all sources your organization received...", should I report total revenue for the entire municipal government, or just for our ground ambulance operation? [Added 1/6/2022]

Answer: Throughout the instrument, the term "organization" refers to the selected NPI. Please only report revenue associated with your ground ambulance organization, not the entire municipal government. This amount should include revenue from billing for ground ambulance services and amounts paid by your municipal government to cover expenses (e.g., your organization's budgeted expenses).

Question: My organization is provider-based. For Question 1, which asks for “total revenue from all sources your organization received...,” should I report total revenue for the entire hospital, or just for our ground ambulance operation? [Added 1/6/2022]

Answer: For the purposes of the Medicare Ground Ambulance Data Collection System, "organization" refers to just your NPI. If your ground ambulance organization bills under the same NPI as your hospital, then please report the total cost (in Section 12) and total revenue (in Section 13) for the entire hospital. However, if your ground ambulance organization uses a different NPI than the hospital that owns and operates your organization, then you can report total costs and revenues specific to your ground ambulance organization. Please note that you will still need to fully report expenses related to your ground ambulance organization, some of which are likely covered by your hospital.

Question: In reporting revenue by payer, my organization is unable to separate Medicare revenue between original fee-for-service (FFS) and Medicare Advantage, or between traditional Medicaid and Medicaid Managed Care. How should we report this revenue? [Added 7/31/2020]

Answer: It is important that you report on the different sources of revenue that your organization receives. Reporting revenue from Medicare FFS and Medicare Advantage into one source of revenue could distort the data. It is important that CMS have accurate data to access the adequacy of payments under the AFS which is a Medicare Part B FFS program. Medicare FFS and Medicare Advantage (Medicare Part C) are two different programs with different payment structures and as such will need to be uniquely identified. If you are reporting revenue by payer, you will have to separate revenue across these categories.

Question: Should we include revenue from the Emergency Triage, Treat, and Transport (ET3) model, Medicare and other revenue from treatment in place and transports to alternate destinations, and revenue for providing other health care services? [Added 1/6/2022]

Answer: You may include revenue from the ET3 model and revenue related to responding to ground ambulance calls for service (including payments for treatment in place and “treat no transport” (TNT)). You may also include revenue from certain mass immunization efforts (flu and pneumococcal vaccines only) regardless of payer. All other services must not contribute to the revenue amounts you report in Section 13.

Question: My organization is unable to separate revenue from payers related to transports and non-transport services. How should we report revenue for non-transport services? [Added 7/31/2020]

Answer: If possible, report only revenue from transports in Section 13, Questions 2-4. Report revenue from non-transport EMS and ground ambulance services in Section 13, Question 5.

Question: How are donated medications and/or supplies reported?

Answer: You do not need to report the costs or market value of donated medications or supplies. You can indicate that your organization did not have any costs associated with medicines because medicines were provided by another entity (e.g., a hospital that does not own or operate your ground ambulance organization). You must report medication and supply costs if medications and/or supplies are provided by another entity (e.g., a hospital) that does own and/or operate your ground ambulance organization.

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Question: My organization shares revenue from billed service with another organization. Should we report the revenue we receive from payers or the share we retain? [Added 7/31/2020]

Answer: Report the revenue that you initially receive from payers. Do not subtract the amount that you share with another organization. Report the amount you do share in Section 11 (“Other Costs”) as a cost.

Question: Should patient co-pays and cost-sharing be included under whichever payer insures the patient, or in the patient self-pay category? [Added 1/6/2022]

Answer: You may report this revenue in either source of revenue category. However, make sure that you do **not** report it in both categories. If you report cost sharing as part of revenue from each payer, please check “Yes” to the question “Indicate if cost sharing (i.e., the amount for a transport that is billed to a patient with this insurance) was included” in Section 13, Question 3.

Question: Where should I report transport revenue from third-party liability insurers, such as auto insurers? [Added 1/6/2022]

Answer: There is no separate category for reporting revenue from liability insurers in Section 13, Questions 3 and 4. Please include this amount in the “Commercial” category.

Question: Where should I report revenue from grants and programs related to the ongoing COVID-19 public health emergency? [Added 1/6/2022]

Answer: Please report these revenues in the 'Special Purpose' grants in Question 5, Section 13.